

Residential Care Services

Volume 1, Issue 1  
October 2007



our mascot: Cousin IT

*"This is I.T." Newsletter*

*Info and Tips from the MDS-WA Office—Clinical stuff, Computer stuff, Reports 'n stuff, and other STUFF!*

Introducing...

**Marge Ray** is the MDS Coordinator and Casemix expert for the State of WA Residential Care Services and **Shirley Stirling** is the state MDS Automation Coordinator.

Marge and Shirley have joined forces (since their cubicles are already joined) to bring you a quarterly newsletter with, updates from state and federal sources, tidbits from their daily help calls, and general advise about the MDS, RAI and case mix.

**Marge**

Marge is a Registered Nurse with a Bachelor of Science in nursing degree from Pacific Lutheran University. She has worked for DSHS in various

capacities including mental health, survey, long term care, and surveyor training for 25 years. Also, she was a charge nurse in a local Medicare NH wing. The MDS has been her life since 1999 and she is on a national Q&A panel that reports to the Centers for Medicare and Medicaid Services (CMS).

She says, "I learn something new about the MDS every week. It is amazing."

**Shirley**

Shirley is a social worker with a Master of Social Work degree from Eastern Washington University. She has worked in a number of community programs and in a variety of DSHS settings in



For more a accurate photo of Marge and Shirley, please read our next issue.

management and direct service. Each job has led her further into the computer and now she views herself as total computer geek. She has worked as Washington MDS Automation Coordinator for 4 years and thoroughly enjoys the nursing facility staff that she has daily contact with.

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**Our goal...**



Our goal is to help you accurately assess, code, and transmit the MDS.

**Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.**



**It's time again for tracking flu shots**

*Flu shots and fall leaves...*

It is time to complete Section W, item 2, Influenza Vaccine on the MDS. Complete this item for any resident with an Assessment Reference Date (ARD) of **10/1/07- 6/30/08**.

If your NH has not yet received your supply of vaccine or you are not yet scheduled to begin giving it, answer "No" to, *Did the resident receive the influenza vaccine in this facility for this year's influenza season (Oct-1-March-31)?*

Also, code part b of item W2 with a dash (-).

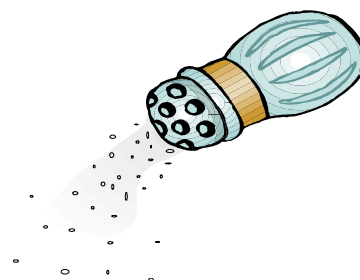
Only select "6" *Inability to obtain vaccine* is when there is a declared shortage, as announced by the Centers for Disease Control (CDC).

## What the RAI Manual says about when to use Grace Days

Grace days were designed at the federal level to give you some flexibility in the Medicare assessment process. But remember: Grace Days are like grains of salt, use them sparingly.

The RAI manual describes, on page 2-28, when to use them:

- Grace days can be added to the Assessment Reference Date (ARD) in situations such as an absence/illness of the RN assessor, reassignment of the assessor to other duties for a short period of time, or an unusually large number of assessments due at approximately the same time.
- Grace days may also be used to more fully capture therapy minutes or other treatments.
- The use of grace days allows clinical flexibility in setting Assessment Reference Dates, and should be used sparingly.
- If a facility chooses to routinely use grace days, it may be flagged for review by NH survey, the fiscal intermediary, or the Data Assessment and Verification (DAVE) contractor.



**“...Grace Days are like grains of salt, use**

**Note: Once transmitted to the state, you cannot use the MDS correction policy to take advantage of Grace Days.**

## Grace Days — Q&A Tips from the Treasure Trove



Grace days let you adjust the Assessment Reference Date (ARD). But how adjustable are they? Here are some questions we

received, with answers by Marge:

**Q. Can there be overlapping date windows for the Medicare MDS?**

**A. Yes, there can be.** The Medicare 5-day and 14-day assessment will use some of the same days, especially if grace days are used for the Medicare 5-day.

**“Grace days are not part of the OBRA process. They can only be used with Medicare assessments.” Marge Ray**

**Q. What about using grace days if the 14-day Medicare assessment is also used for the initial OBRA assessment?**

**A. Sorry, the answer is no.** Since grace days are not part of the OBRA process, using them would violate the requirement for the initial OBRA assessment to be completed by the 14th day of admission. Remember: RAPS belong to the OBRA assessments, not the Medicare assessments. You may not use grace days if the 14 day Medicare assessment is also used for an OBRA assessment.

**Q. Can I use grace days when completing the MDS and RAPs on the 5-day assessment?**

**A. Yes.** The answer is yes because you will not violate the requirement to complete the initial assessment by the 14th day of admission.

**Q. Can I change the ARD to add Grace Days after the MDS has been transmitted to the state?**

**A. No, not unless there was a data entry or transcription error.** In addition, the ARD can only be adjusted if the assessment window is still open.



## Grace Days Allowed in Medicare Assessments

### Medicare Assessment Type

Medicare 5-Day assessment  
Medicare 14-Day assessment  
Medicare 30-Day assessment  
Medicare 60-Day assessment  
Medicare 90-Day assessment

### ARD

Days 1-5  
Days 11-14  
Days 21-29  
Days 50-59  
Days 80-89

### ARD Grace Days

Days 6-8  
Days 15-19  
Days 30-34  
Days 60-64  
Days 90-94

**Look at a calendar or count on your fingers... Just be sure that you don't 'fall out of grace!' 😊**

## Featured Manual—MDS Correction Manual

*Each issue we will highlight a manual and point out features about it that may be helpful to you or other staff in your facility.*

The first manual is the 67-page error correction manual, most recently published in October, 2002. It is called **"Instructions for Making Automated Corrections Using the MDS Correction Request Form"**.

You can find it on the QTSO site, <https://www.qtsa.com/> under MDS or on the WA State MDS Automation page:

<http://www.aasa.dshs.wa.gov/Professional/MDS/>



### Automation/

This manual starts with an overview of MDS correction and related policies.

It also includes:

- The correction of errors, both those that are and are not in the state database.
- How to inactivate and modify an assessment; to make any change except a change in the Reason for Assessment.
- A correction matrix with eleven scenarios and how to deal with them.

- An item-by-item guide on filling out the MDS correction form: Prior Record section (the way it was wrong) and the Correction Attestation section (how it should be).

- Flow sheets with correction processes and a chart with selected RAI dates.

Keep this manual handy for easy corrections. Send the Correction Request Form within 14 days of error detection or ASAP. Attach the form to the MDS assessment. Include this documentation in the resident's clinical record for 15 months.

## Featured Report MDS Validation Report Group

*Each issue we will highlight a report or group of reports and point out features that may be helpful to you or other staff in your facility.*

**MDS Validation Reports** are available on the federal MDS submission page "Welcome to the CMS MDS System" under "MDS Submissions" and "Receive Validation Reports". Review these reports and you will be able to pick up on errors before they are a problem.

Reports include:

- Initial Feedback Report (did it go?)
- Final Validation Report (how did it go?)
- MDS Questionable New Resident Report
- End of Month Roster Report for MMY
- MDS New Admission Report
- MDS Residents With Changes to Resident Identifiers
- Residents Discharged Without Return
- MDS Activity Report
- MDS Missing Assessment Report – Residents usually fall off after 2 years. (However—due to unusual circumstances, some stay on for up to 5 years!)
- QI Report: 'Monthly Quality Indicator

*"These modest little text reports are workhorses, too often overlooked and ignored."*

*Shirley Stirling*

Comparison

These modest little text reports are workhorses, too often overlooked and ignored.

**Make a date each month to look at yours!**

## Featured Website — MDS 2.0 Web Based Training

*Each issue we will highlight a website that you or other staff in your facility may find useful.*

Our feature this issue **MDS 2.0 Web based Training**. It is at:

<http://www.mdstraining.org/upfront/u1.asp>

**This is an interactive computer based training program for nursing home**

**providers and state agency surveyors. It uses audio and visual features to capture details of the MDS.**

You must establish a user name and password to get to the training materials.

You can go at your own speed and save your place to come back later. You can also choose any section at any time.

MDS 2.0 Web Based Training is a highly sophisticated training tool designed to keep you entertained and engaged.

You can use it from any computer on the web—at home or work.



**Try it out—it's fun!**

## For Washington State Nursing Home Staff



### Residential Care Services of DSHS Consumer Services Unit

PO Box 45600  
Lacey, WA 98504-5600

Phone: 360-725-2487 **Marge Ray**, RAI Coordinator  
E-mail: [RAYMA@dshs.wa.gov](mailto:RAYMA@dshs.wa.gov)  
Phone: 360-725-2620 **Shirley Stirling**, MDS Automation Coordinator  
E-mail: [StirLSA@dshs.wa.gov](mailto:StirLSA@dshs.wa.gov)

Office FAX: 360-725-2645

#### ***MDS for the State of Washington***

**We're on the Web!**

<http://www.adsa.dshs.wa.gov/Professional/>

## Computer Corner

*Each issue we will discuss a computer or other automation related topic that is related in some way to the service of nursing home residents.*

The **National Provider Identifier (NPI)** is federally required for HIPAA transactions - not only for facilities with Medicare or Medicaid residents, but for any that conduct standard electronic transactions.

**Washington State** — 226 out of 242 [nursing homes](#) in WA State are now using the NPI number in the MDS. Hopefully all will soon! ☺

**More than 1 NPI# for just one NH?**  
Have you heard some NHs have different NPIs for different payor

sources? This is allowed, but considered inappropriate as this practice may cause problems when residents change payor source. Also, this defeats the purpose of the NPI program which is just one number.

**Just 1 NPI# for multiple homes?**  
Have you heard that some NHs share an NPI number? This is allowed, but not found in WA State. The reason is that this practice is bad business since all NHs under the same NPI number receive the same Washington State Medicaid rate, which is the rate of the lowest level nursing home under that number.

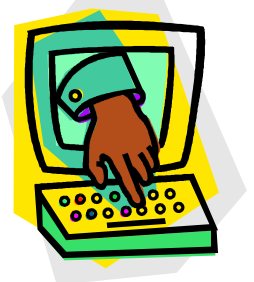
**ProviderOne**—To learn more about NPI in WA State Medicaid payment

through the new ProviderOne medical assistance automation program, please go to:

<http://fortress.wa.gov/dshs/maa/dshshipaa/NPI.htm>

#### **NPI Registry—**

The NPI Registry allows you to search for NPI numbers nationwide. To go to the Registry, click on “**NPI Registry**” at this web page. Enter one or more query items and see the results. <https://nppes.cms.hhs.gov/NPPES>



**Try it—you'll like it!**